

**Oklahoma State Fair, Inc.  
State Fair Park  
Grievance Form  
For Americans with Disabilities Act  
Title II**

TO: Bert Benear or Andrew Putnam  
State Fair Park  
ADA Coordinator  
Oklahoma State Fair, Inc.

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Street Address)

\_\_\_\_\_  
(Printed City, State and ZIP Code)

(day)\_\_\_\_\_ (evening)\_\_\_\_\_ (fax) \_\_\_\_\_  
(Print Phone Numbers and Fax Number)

E-Mail Address: \_\_\_\_\_

SUBJECT: Grievance under Title II of the Americans with Disabilities Act

1. Date of Occurrence: (On or about what date did the subject of the grievance occur?)
  
2. Location: (where did the act or event causing this grievance occur?)
  
3. Statement of Grievance: (You may attach an additional page(s), if necessary)

4. Name(s) and Department(s) of any State Fair employee(s) against whom you are complaining.
  
5. List the name, address, and phone number of any persons who were witnesses to the act or event of which you are complaining.
  
6. State the nature of your disability and the reasonable accommodation you believe should be provided to you to resolve this grievance.

*I hereby certify that the above is a true and correct statement of my grievance under Title II of the American with Disabilities Act.*

\_\_\_\_\_  
(Grievant's signature)

\_\_\_\_\_  
(Date)

If a person other than the above Grievant completed this form, give the name, address, and phone number of the person completing the form:

Return this form to: Oklahoma State Fair, Inc.  
State Fair Park  
ADA Coordinator  
3001 General Pershing Blvd.  
Oklahoma City, OK 73107

For State Fair use only  
Date Received by OSF ADA Coordinator \_\_\_\_\_